

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/937316

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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14	①		/			
15	①		/			
16	4		/			
17	1		/			
18	①		/			
19	①		/			
20	①		/			
21	①		/			
22	①		/			
23	/		/			
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25	2		/			
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50						
TOTAL IND.	7					
TOTAL DEP.	30					
TOTAL CLAIMS	37					

BEST AVAILABLE COPY

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						